

AMENDED IN SENATE MAY 27, 2008

AMENDED IN SENATE MAY 23, 2008

AMENDED IN SENATE APRIL 22, 2008

## SENATE BILL

No. 1406

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### Introduced by Senators Correa and Aanestad

February 21, 2008

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An act to amend ~~Sections 3041, 3041.2, 3041.3, and 3110~~ *Section 3041* of the Business and Professions Code, relating to optometry.

#### LEGISLATIVE COUNSEL'S DIGEST

SB 1406, as amended, Correa. Optometry.

Existing law, the Optometry Practice Act, creates the State Board of Optometry, which licenses optometrists and regulates their practice. The act defines the practice of optometry as including the prevention and diagnosis of disorders and dysfunctions of the visual system, and the treatment and management of certain disorders and dysfunctions of the visual system. The act also prescribes certain eye or eye appendage conditions for which an optometrist who is certified to use therapeutic pharmaceutical agents may diagnose and treat, as specified and ~~subject to certain limitations, and requires additional certification for the performance of lacrimal irrigation and dilation procedures~~ *specifies the therapeutic pharmaceutical agents he or she may use, including topical antiallergy agents. In using topical steroid medication for the treatment of ocular allergies, an optometrist must consult with an ophthalmologist if the patient's condition worsens 72 hours after diagnosis.*

~~This bill would revise and recast those provisions to further allow require an optometrist who is certified to use therapeutic pharmaceutical agents to, among others, order any test or procedure necessary for the~~

~~diagnosis of conditions or diseases of the eye or adnexa, to perform punctal occlusion by cautery, to prescribe lenses or devices that incorporate a medication or therapy the optometrist is certified to prescribe or provide, to use sharp instruments within the central 3 millimeters of the cornea, to probe the nasal lacrimal tract in patients over 12 years of age, and to perform nonintraorbital injections. The bill would further allow an optometrist who graduated from an accredited school of optometry on or after May 1, 2000, to perform lacrimal irrigation and dilation procedures without additional certification.~~

~~This bill would also make technical, nonsubstantive changes to the other provisions described above, and would make a declaration of legislative intent with regard to the scope of practice of optometrists, as specified *consult with an ophthalmologist if the patient's condition worsens 48 hours, rather than 72 hours, after diagnosis.*~~

Vote: majority. Appropriation: no. Fiscal committee: yes.  
State-mandated local program: no.

*The people of the State of California do enact as follows:*

- 1     SECTION 1. Section 3041 of the Business and Professions
- 2     Code is amended to read:
- 3     3041. (a) The practice of optometry includes the prevention
- 4     and diagnosis of disorders and dysfunctions of the visual system,
- 5     and the treatment and management of certain disorders and
- 6     dysfunctions of the visual system, as well as the provision of
- 7     rehabilitative optometric services, and is the doing of any or all of
- 8     the following:
- 9         (1) The examination of the human eye or eyes, or its or their
- 10        appendages, and the analysis of the human vision system, either
- 11        subjectively or objectively.
- 12        (2) The determination of the powers or range of human vision
- 13        and the accommodative and refractive states of the human eye or
- 14        eyes, including the scope of its or their functions and general
- 15        condition.
- 16        (3) The prescribing or directing the use of, or using, any optical
- 17        device in connection with ocular exercises, visual training, vision
- 18        training, or orthoptics.
- 19        (4) The prescribing of contact and spectacle lenses for, or the
- 20        fitting or adaptation of contact and spectacle lenses to, the human

1 eye, including lenses which may be classified as drugs or devices  
2 by any law of the United States or of this state.

3 (5) The use of topical pharmaceutical agents for the sole purpose  
4 of the examination of the human eye or eyes for any disease or  
5 pathological condition. The topical pharmaceutical agents shall  
6 include mydriatics, cycloplegics, anesthetics, and agents for the  
7 reversal of mydriasis.

8 (b) (1) An optometrist who is certified to use therapeutic  
9 pharmaceutical agents, pursuant to Section 3041.3, may also  
10 diagnose and exclusively treat the human eye or eyes, or any of  
11 its appendages, for all of the following conditions:

12 (A) Through medical treatment, infections of the anterior  
13 segment and adnexa, excluding the lacrimal gland, the lacrimal  
14 drainage system and the sclera. Nothing in this section shall  
15 authorize any optometrist to treat a person with AIDS for ocular  
16 infections.

17 (B) Ocular allergies of the anterior segment and adnexa.

18 (C) Ocular inflammation, nonsurgical in cause, limited to  
19 inflammation resulting from traumatic iritis, peripheral corneal  
20 inflammatory keratitis, episcleritis, and unilateral nonrecurrent  
21 nongranulomatous idiopathic iritis in patients over 18 years of age.  
22 Unilateral nongranulomatous idiopathic iritis recurring within one  
23 year of the initial occurrence shall be referred to an  
24 ophthalmologist. An optometrist shall consult with an  
25 ophthalmologist if a patient has a recurrent case of episcleritis  
26 within one year of the initial occurrence. An optometrist shall  
27 consult with an ophthalmologist if a patient has a recurrent case  
28 of peripheral corneal inflammatory keratitis within one year of the  
29 initial occurrence.

30 (D) Traumatic or recurrent conjunctival or corneal abrasions  
31 and erosions.

32 (E) Corneal surface disease and dry eyes.

33 (F) Ocular pain, not related to surgery, associated with  
34 conditions optometrists are authorized to treat.

35 (G) Pursuant to subdivision (f), primary open-angle glaucoma  
36 in patients over 18 years of age.

37 (2) For purposes of this section, “treat” means the use of  
38 therapeutic pharmaceutical agents, as described in subdivision (c),  
39 and the procedures described in subdivision (e).

(c) In diagnosing and treating the conditions listed in subdivision (b), an optometrist certified to use therapeutic pharmaceutical agents pursuant to Section 3041.3, may use all of the following therapeutic pharmaceutical agents exclusively:

(1) All of the topical pharmaceutical agents listed in paragraph (5) of subdivision (a) as well as topical miotics for diagnostic purposes.

(2) Topical lubricants.

(3) Topical antiallergy agents. In using topical steroid medication for the treatment of ocular allergies, an optometrist shall do the following:

(A) Consult with an ophthalmologist if the patient's condition worsens ~~72~~ 48 hours after diagnosis.

(B) Consult with an ophthalmologist if the inflammation is still present three weeks after diagnosis.

(C) Refer the patient to an ophthalmologist if the patient is still on the medication six weeks after diagnosis.

(D) Refer the patient to an ophthalmologist if the patient's condition recurs within three months.

(4) Topical antiinflammatories. In using topical steroid medication for:

(A) Unilateral nonrecurrent nongranulomatous idiopathic iritis or episcleritis, an optometrist shall consult with an ophthalmologist if the patient's condition worsens 72 hours after the diagnosis, or if the patient's condition has not resolved three weeks after diagnosis. If the patient is still receiving medication for these conditions six weeks after diagnosis, the optometrist shall refer the patient to an ophthalmologist.

(B) Peripheral corneal inflammatory keratitis, excluding Moorens and Terriens diseases, an optometrist shall consult with an ophthalmologist if the patient's condition worsens 48 hours after diagnosis. If the patient is still receiving the medication two weeks after diagnosis, the optometrist shall refer the patient to an ophthalmologist.

(C) Traumatic iritis, an optometrist shall consult with an ophthalmologist if the patient's condition worsens 72 hours after diagnosis and shall refer the patient to an ophthalmologist if the patient's condition has not resolved one week after diagnosis.

(5) Topical antibiotic agents.

(6) Topical hyperosmotics.

1 (7) Topical antiglaucoma agents pursuant to the certification  
2 process defined in subdivision (f).

3 (A) The optometrist shall not use more than two concurrent  
4 topical medications in treating the patient for primary open-angle  
5 glaucoma. A single combination medication that contains two  
6 pharmacological agents shall be considered as two medications.

7 (B) The optometrist shall refer the patient to an ophthalmologist  
8 if requested by the patient, if treatment goals are not achieved with  
9 the use of two topical medications or if indications of narrow-angle  
10 or secondary glaucoma develop.

11 (C) If the glaucoma patient also has diabetes, the optometrist  
12 shall consult in writing with the physician treating the patient's  
13 diabetes in developing the glaucoma treatment plan and shall notify  
14 the physician in writing of any changes in the patient's glaucoma  
15 medication. The physician shall provide written confirmation of  
16 those consultations and notifications.

17 (8) Nonprescription medications used for the rational treatment  
18 of an ocular disorder.

19 (9) Oral antihistamines. In using oral antihistamines for the  
20 treatment of ocular allergies, the optometrist shall refer the patient  
21 to an ophthalmologist if the patient's condition has not resolved  
22 two weeks after diagnosis.

23 (10) Prescription oral nonsteroidal antiinflammatory agents.  
24 The agents shall be limited to three days' use. If the patient's  
25 condition has not resolved three days after diagnosis, the  
26 optometrist shall refer the patient to an ophthalmologist.

27 (11) The following oral antibiotics for medical treatment as set  
28 forth in subparagraph (A) of paragraph (1) of subdivision (b):  
29 tetracyclines, dicloxacillin, amoxicillin, amoxicillin with  
30 clavulanate, erythromycin, clarythromycin, cephalexin,  
31 cephadroxil, cefaclor, trimethoprim with sulfamethoxazole,  
32 ciprofloxacin, and azithromycin. The use of azithromycin shall be  
33 limited to the treatment of eyelid infections and chlamydial disease  
34 manifesting in the eyes.

35 (A) If the patient has been diagnosed with a central corneal ulcer  
36 and the condition has not improved 24 hours after diagnosis, the  
37 optometrist shall consult with an ophthalmologist. If the central  
38 corneal ulcer has not improved 48 hours after diagnosis, the  
39 optometrist shall refer the patient to an ophthalmologist. If the

1 patient is still receiving antibiotics 10 days after diagnosis, the  
2 optometrist shall refer the patient to an ophthalmologist.

3 (B) If the patient has been diagnosed with preseptal cellulitis  
4 or dacryocystitis and the condition has not improved 72 hours after  
5 diagnosis, the optometrist shall refer the patient to an  
6 ophthalmologist. If a patient with preseptal cellulitis or  
7 dacryocystitis is still receiving oral antibiotics 10 days after  
8 diagnosis, the optometrist shall refer the patient to an  
9 ophthalmologist.

10 (C) If the patient has been diagnosed with blepharitis and the  
11 patient's condition does not improve after six weeks of treatment,  
12 the optometrist shall consult with an ophthalmologist.

13 (D) For the medical treatment of all other medical conditions  
14 as set forth in subparagraph (A) of paragraph (1) of subdivision  
15 (b), if the patient's condition worsens 72 hours after diagnosis, the  
16 optometrist shall consult with an ophthalmologist. If the patient's  
17 condition has not resolved 10 days after diagnosis, the optometrist  
18 shall refer the patient to an ophthalmologist.

19 (12) Topical antiviral medication and oral acyclovir for the  
20 medical treatment of the following: herpes simplex viral keratitis,  
21 herpes simplex viral conjunctivitis, and periocular herpes simplex  
22 viral dermatitis; and varicella zoster viral keratitis, varicella zoster  
23 viral conjunctivitis, and periocular varicella zoster viral dermatitis.

24 (A) If the patient has been diagnosed with herpes simplex  
25 keratitis or varicella zoster viral keratitis and the patient's condition  
26 has not improved seven days after diagnosis, the optometrist shall  
27 refer the patient to an ophthalmologist. If a patient's condition has  
28 not resolved three weeks after diagnosis, the optometrist shall refer  
29 the patient to an ophthalmologist.

30 (B) If the patient has been diagnosed with herpes simplex viral  
31 conjunctivitis, herpes simplex viral dermatitis, varicella zoster  
32 viral conjunctivitis, or varicella zoster viral dermatitis, and if the  
33 patient's condition worsens seven days after diagnosis, the  
34 optometrist shall consult with an ophthalmologist. If the patient's  
35 condition has not resolved three weeks after diagnosis, the  
36 optometrist shall refer the patient to an ophthalmologist.

37 (C) In all cases, the use of topical antiviral medication shall be  
38 limited to three weeks, and the use of oral acyclovir shall be limited  
39 to 10 days.

40 (13) Oral analgesics that are not controlled substances.

1 (14) Codeine with compounds and hydrocodone with  
2 compounds as listed in the California Uniform Controlled  
3 Substances Act (Section 11000 of the Health and Safety Code et  
4 seq.) and the United States Uniform Controlled Substances Act  
5 (21 U.S.C. Sec. 801 et seq.). The use of these agents shall be  
6 limited to three days, with a referral to an ophthalmologist if the  
7 pain persists.

8 (d) In any case where this chapter requires that an optometrist  
9 consult with an ophthalmologist, the optometrist shall maintain a  
10 written record in the patient's file of the information provided to  
11 the ophthalmologist, the ophthalmologist's response and any other  
12 relevant information. Upon the consulting ophthalmologist's  
13 request, the optometrist shall furnish a copy of the record to the  
14 ophthalmologist.

15 (e) An optometrist who is certified to use therapeutic  
16 pharmaceutical agents pursuant to Section 3041.3 may also perform  
17 all of the following:

18 (1) Mechanical epilation.

19 (2) Ordering of smears, cultures, sensitivities, complete blood  
20 count, mycobacterial culture, acid fast stain, and urinalysis.

21 (3) Punctal occlusion by plugs, excluding laser, cautery,  
22 diathermy, cryotherapy, or other means constituting surgery as  
23 defined in this chapter.

24 (4) The prescription of therapeutic contact lenses.

25 (5) Removal of foreign bodies from the cornea, eyelid, and  
26 conjunctiva. Corneal foreign bodies shall be nonperforating, be  
27 no deeper than the anterior stroma, and require no surgical repair  
28 upon removal. Within the central three millimeters of the cornea,  
29 the use of sharp instruments is prohibited.

30 (6) For patients over 12 years of age, lacrimal irrigation and  
31 dilation, excluding probing of the nasal lacrimal tract. The State  
32 Board of Optometry shall certify an optometrist to perform this  
33 procedure after completing 10 of the procedures under the  
34 supervision of an ophthalmologist as confirmed by the  
35 ophthalmologist.

36 (7) No injections other than the use of an auto-injector to counter  
37 anaphylaxis.

38 (f) The State Board of Optometry shall grant a certificate to an  
39 optometrist certified pursuant to Section 3041.3 for the treatment

1 of primary open-angle glaucoma in patients over 18 years of age  
2 only after the optometrist meets the following requirements:

3 (1) Satisfactory completion of a didactic course of not less than  
4 24 hours in the diagnosis, pharmacological and other treatment  
5 and management of glaucoma. The 24-hour glaucoma curriculum  
6 shall be developed by an accredited California school of optometry.  
7 Any applicant who graduated from an accredited California school  
8 of optometry on or after May 1, 2000, shall be exempt from the  
9 24-hour didactic course requirement contained in this paragraph.

10 (2) After completion of the requirement contained in paragraph  
11 (1), collaborative treatment of 50 glaucoma patients for a period  
12 of two years for each patient under the following terms:

13 (A) After the optometrist makes a provisional diagnosis of  
14 glaucoma, the optometrist and the patient shall identify a  
15 collaborating ophthalmologist.

16 (B) The optometrist shall develop a treatment plan that considers  
17 for each patient target intraocular pressures, optic nerve appearance  
18 and visual field testing for each eye, and an initial proposal for  
19 therapy.

20 (C) The optometrist shall transmit relevant information from  
21 the examination and history taken of the patient along with the  
22 treatment plan to the collaborating ophthalmologist. The  
23 collaborating ophthalmologist shall confirm or refute the glaucoma  
24 diagnosis within 30 days. To accomplish this, the collaborating  
25 ophthalmologist shall perform a physical examination of the  
26 patient.

27 (D) Once the collaborating ophthalmologist confirms the  
28 diagnosis and approves the treatment plan in writing, the  
29 optometrist may begin treatment.

30 (E) The optometrist shall use no more than two concurrent  
31 topical medications in treating the patient for glaucoma. A single  
32 combination medication that contains two pharmacologic agents  
33 shall be considered as two medications. The optometrist shall  
34 notify the collaborating ophthalmologist in writing if there is any  
35 change in the medication used to treat the patient for glaucoma.

36 (F) Annually after commencing treatment, the optometrist shall  
37 provide a written report to the collaborating ophthalmologist about  
38 the achievement of goals contained in the treatment plan. The  
39 collaborating ophthalmologist shall acknowledge receipt of the  
40 report in writing to the optometrist within 10 days.



1 (G) The optometrist shall refer the patient to an ophthalmologist  
2 if requested by the patient, if treatment goals are not achieved with  
3 the use of two topical medications, or if indications of secondary  
4 glaucoma develop. At his or her discretion, the collaborating  
5 ophthalmologist may periodically examine the patient.

6 (H) If the glaucoma patient also has diabetes, the optometrist  
7 shall consult in writing with the physician treating the patient's  
8 diabetes in preparation of the treatment plan and shall notify the  
9 physician in writing if there is any change in the patient's glaucoma  
10 medication. The physician shall provide written confirmation of  
11 the consultations and notifications.

12 (I) The optometrist shall provide the following information to  
13 the patient in writing: nature of the working or suspected diagnosis,  
14 consultation evaluation by a collaborating ophthalmologist,  
15 treatment plan goals, expected followup care, and a description of  
16 the referral requirements. The document containing the information  
17 shall be signed and dated by both the optometrist and the  
18 ophthalmologist and maintained in their files.

19 (3) When the requirements contained in paragraphs (1) and (2)  
20 have been satisfied, the optometrist shall submit proof of  
21 completion to the State Board of Optometry and apply for a  
22 certificate to treat primary open-angle glaucoma. That proof shall  
23 include corroborating information from the collaborating  
24 ophthalmologist. If the ophthalmologist fails to respond within 60  
25 days of a request for information from the State Board of  
26 Optometry, the board may act on the optometrist's application  
27 without that corroborating information.

28 (4) After an optometrist has treated a total of 50 patients for a  
29 period of two years each and has received certification from the  
30 State Board of Optometry, the optometrist may treat the original  
31 50 collaboratively treated patients independently, with the written  
32 consent of the patient. However, any glaucoma patients seen by  
33 the optometrist before the two-year period has expired for each of  
34 the 50 patients shall be treated under the collaboration protocols  
35 described in this section.

36 (5) For purposes of this subdivision, "collaborating  
37 ophthalmologist" means a physician and surgeon who is licensed  
38 by the state and in the active practice of ophthalmology in this  
39 state.

(g) Notwithstanding any other provision of law, an optometrist shall not treat children under one year of age with therapeutic pharmaceutical agents.

(h) Any dispensing of a therapeutic pharmaceutical agent by an optometrist shall be without charge.

(i) Notwithstanding any other provision of law, the practice of optometry does not include performing surgery. "Surgery" means any procedure in which human tissue is cut, altered, or otherwise infiltrated by mechanical or laser means in a manner not specifically authorized by this chapter. Nothing in the act amending this section shall limit an optometrist's authority, as it existed prior to the effective date of the act amending this section, to utilize diagnostic laser and ultrasound technology.

(j) All collaborations, consultations, and referrals made by an optometrist pursuant to this section shall be to an ophthalmologist located geographically appropriate to the patient.

(k) An optometrist licensed under this chapter is subject to the provisions of Section 2290.5 for purposes of practicing telemedicine.

~~SECTION 1. Section 3041 of the Business and Professions Code is amended to read:~~

~~3041. (a) The practice of optometry includes the prevention and diagnosis of disorders and dysfunctions of the visual system, and the treatment and management of certain disorders and dysfunctions of the visual system, as well as the provision of rehabilitative optometric services, and is the doing of any or all of the following:~~

~~(1) The examination of the human eye or eyes, or its or their appendages, and the analysis of the human vision system, either subjectively or objectively.~~

~~(2) The determination of the powers or range of human vision and the accommodative and refractive states of the human eye or eyes, including the scope of its or their functions and general condition.~~

~~(3) The prescribing or directing the use of, or using, any optical device in connection with ocular exercises, visual training, vision training, or orthoptics.~~

~~(4) The prescribing of contact and spectacle lenses for, or the fitting or adaptation of contact and spectacle lenses to, the human~~

1 eye, including lenses that may be classified as drugs or devices by  
2 any law of the United States or of this state.

3 ~~(5) The use of topical pharmaceutical agents for the sole purpose~~  
4 ~~of the examination of the human eye or eyes for any disease or~~  
5 ~~pathological condition. The topical pharmaceutical agents shall~~  
6 ~~include mydriatics, cycloplegics, anesthetics, and agents for the~~  
7 ~~reversal of mydriasis.~~

8 ~~(b) (1) An optometrist who is certified to use therapeutic~~  
9 ~~pharmaceutical agents, pursuant to Section 3041.3, may also~~  
10 ~~diagnose and exclusively treat the human eye or eyes, or any of~~  
11 ~~its appendages, for all of the following conditions:~~

12 ~~(A) Through medical treatment, infections of the anterior~~  
13 ~~segment and adnexa, excluding the lacrimal gland, the lacrimal~~  
14 ~~drainage system and the sclera. Nothing in this section shall~~  
15 ~~authorize any optometrist to treat a person with AIDS for ocular~~  
16 ~~infections.~~

17 ~~(B) Ocular allergies of the anterior segment and adnexa.~~

18 ~~(C) Ocular inflammation, nonsurgical in cause, limited to~~  
19 ~~inflammation resulting from traumatic iritis, peripheral corneal~~  
20 ~~inflammatory keratitis, episcleritis, and unilateral nonrecurrent~~  
21 ~~nongranulomatous idiopathic iritis in patients over 18 years of age.~~  
22 ~~Unilateral nongranulomatous idiopathic iritis recurring within one~~  
23 ~~year of the initial occurrence shall be referred to an~~  
24 ~~ophthalmologist. An optometrist shall consult with an~~  
25 ~~ophthalmologist if a patient has a recurrent case of episcleritis~~  
26 ~~within one year of the initial occurrence. An optometrist shall~~  
27 ~~consult with an ophthalmologist if a patient has a recurrent case~~  
28 ~~of peripheral corneal inflammatory keratitis within one year of the~~  
29 ~~initial occurrence.~~

30 ~~(D) Traumatic or recurrent conjunctival or corneal abrasions~~  
31 ~~and erosions.~~

32 ~~(E) Corneal surface disease and dry eyes.~~

33 ~~(F) Ocular pain, not related to surgery, associated with~~  
34 ~~conditions optometrists are authorized to treat.~~

35 ~~(G) Pursuant to subdivision (f), primary open-angle glaucoma~~  
36 ~~in patients over 18 years of age.~~

37 ~~(2) For purposes of this section, “treat” means the use of~~  
38 ~~therapeutic pharmaceutical agents, as described in subdivision (c);~~  
39 ~~and the procedures described in subdivision (e).~~

~~(e) In diagnosing and treating the conditions listed in subdivision (b), an optometrist certified to use therapeutic pharmaceutical agents pursuant to Section 3041.3, may use all of the following therapeutic pharmaceutical agents exclusively:~~

~~(1) All of the topical pharmaceutical agents listed in paragraph (5) of subdivision (a) as well as topical miotics for diagnostic purposes.~~

~~(2) Topical lubricants.~~

~~(3) Topical antiallergy agents. In using topical steroid medication for the treatment of ocular allergies, an optometrist shall do the following:~~

~~(A) Consult with an ophthalmologist if the patient's condition worsens 72 hours after diagnosis.~~

~~(B) Consult with an ophthalmologist if the inflammation is still present three weeks after diagnosis.~~

~~(C) Refer the patient to an ophthalmologist if the patient is still on the medication six weeks after diagnosis.~~

~~(D) Refer the patient to an ophthalmologist if the patient's condition recurs within three months.~~

~~(4) Topical antiinflammatories. In using topical steroid medication for:~~

~~(A) Unilateral nonrecurrent nongranulomatous idiopathic iritis or episcleritis, an optometrist shall consult with an ophthalmologist if the patient's condition worsens 72 hours after the diagnosis, or if the patient's condition has not resolved three weeks after diagnosis. If the patient is still receiving medication for these conditions six weeks after diagnosis, the optometrist shall refer the patient to an ophthalmologist.~~

~~(B) Peripheral corneal inflammatory keratitis, excluding Moorens and Terriens diseases, an optometrist shall consult with an ophthalmologist if the patient's condition worsens 48 hours after diagnosis. If the patient is still receiving the medication two weeks after diagnosis, the optometrist shall refer the patient to an ophthalmologist.~~

~~(C) Traumatic iritis, an optometrist shall consult with an ophthalmologist if the patient's condition worsens 72 hours after diagnosis and shall refer the patient to an ophthalmologist if the patient's condition has not resolved one week after diagnosis.~~

~~(5) Topical antibiotic agents.~~

~~(6) Topical hyperosmotics.~~

1     ~~(7) Topical antiglaucoma agents pursuant to the certification~~  
2     ~~process defined in subdivision (f).~~

3     ~~(A) The optometrist shall not use more than two concurrent~~  
4     ~~topical medications in treating the patient for primary open-angle~~  
5     ~~glaucoma. A single combination medication that contains two~~  
6     ~~pharmacological agents shall be considered as two medications.~~

7     ~~(B) The optometrist shall refer the patient to an ophthalmologist~~  
8     ~~if requested by the patient, if treatment goals are not achieved with~~  
9     ~~the use of two topical medications or if indications of narrow-angle~~  
10    ~~or secondary glaucoma develop.~~

11    ~~(C) If the glaucoma patient also has diabetes, the optometrist~~  
12    ~~shall consult in writing with the physician treating the patient's~~  
13    ~~diabetes in developing the glaucoma treatment plan and shall notify~~  
14    ~~the physician in writing of any changes in the patient's glaucoma~~  
15    ~~medication. The physician shall provide written confirmation of~~  
16    ~~those consultations and notifications.~~

17    ~~(8) Nonprescription medications used for the rational treatment~~  
18    ~~of an ocular disorder.~~

19    ~~(9) Oral antihistamines. In using oral antihistamines for the~~  
20    ~~treatment of ocular allergies, the optometrist shall refer the patient~~  
21    ~~to an ophthalmologist if the patient's condition has not resolved~~  
22    ~~two weeks after diagnosis.~~

23    ~~(10) Prescription oral nonsteroidal antiinflammatory agents.~~  
24    ~~The agents shall be limited to three days' use. If the patient's~~  
25    ~~condition has not resolved three days after diagnosis, the~~  
26    ~~optometrist shall refer the patient to an ophthalmologist.~~

27    ~~(11) The following oral antibiotics for medical treatment as set~~  
28    ~~forth in subparagraph (A) of paragraph (1) of subdivision (b):~~  
29    ~~tetracyclines, dicloxacillin, amoxicillin, amoxicillin with~~  
30    ~~clavulanate, erythromycin, clarythromycin, cephalexin,~~  
31    ~~cephadroxil, cefaclor, trimethoprim with sulfamethoxazole,~~  
32    ~~ciprofloxacin, and azithromycin. The use of azithromycin shall be~~  
33    ~~limited to the treatment of eyelid infections and chlamydial disease~~  
34    ~~manifesting in the eyes.~~

35    ~~(A) If the patient has been diagnosed with a central corneal ulcer~~  
36    ~~and the condition has not improved 24 hours after diagnosis, the~~  
37    ~~optometrist shall consult with an ophthalmologist. If the central~~  
38    ~~corneal ulcer has not improved 48 hours after diagnosis, the~~  
39    ~~optometrist shall refer the patient to an ophthalmologist. If the~~

1 patient is still receiving antibiotics 10 days after diagnosis, the  
2 optometrist shall refer the patient to an ophthalmologist.

3 (B) If the patient has been diagnosed with preseptal cellulitis  
4 or dacryocystitis and the condition has not improved 72 hours after  
5 diagnosis, the optometrist shall refer the patient to an  
6 ophthalmologist. If a patient with preseptal cellulitis or  
7 dacryocystitis is still receiving oral antibiotics 10 days after  
8 diagnosis, the optometrist shall refer the patient to an  
9 ophthalmologist.

10 (C) If the patient has been diagnosed with blepharitis and the  
11 patient's condition does not improve after six weeks of treatment,  
12 the optometrist shall consult with an ophthalmologist.

13 (D) For the medical treatment of all other medical conditions  
14 as set forth in subparagraph (A) of paragraph (1) of subdivision  
15 (b), if the patient's condition worsens 72 hours after diagnosis, the  
16 optometrist shall consult with an ophthalmologist. If the patient's  
17 condition has not resolved 10 days after diagnosis, the optometrist  
18 shall refer the patient to an ophthalmologist.

19 (12) Topical antiviral medication and oral acyclovir for the  
20 medical treatment of the following: herpes simplex viral keratitis;  
21 herpes simplex viral conjunctivitis, and periorcular herpes simplex  
22 viral dermatitis; and varicella zoster viral keratitis, varicella zoster  
23 viral conjunctivitis, and periorcular varicella zoster viral dermatitis.

24 (A) If the patient has been diagnosed with herpes simplex  
25 keratitis or varicella zoster viral keratitis and the patient's condition  
26 has not improved seven days after diagnosis, the optometrist shall  
27 refer the patient to an ophthalmologist. If a patient's condition has  
28 not resolved three weeks after diagnosis, the optometrist shall refer  
29 the patient to an ophthalmologist.

30 (B) If the patient has been diagnosed with herpes simplex viral  
31 conjunctivitis, herpes simplex viral dermatitis, varicella zoster  
32 viral conjunctivitis, or varicella zoster viral dermatitis, and if the  
33 patient's condition worsens seven days after diagnosis, the  
34 optometrist shall consult with an ophthalmologist. If the patient's  
35 condition has not resolved three weeks after diagnosis, the  
36 optometrist shall refer the patient to an ophthalmologist.

37 (C) In all cases, the use of topical antiviral medication shall be  
38 limited to three weeks, and the use of oral acyclovir shall be limited  
39 to 10 days.

40 (13) Oral analgesics that are not controlled substances.

1     ~~(14) Codeine with compounds and hydrocodone with~~  
2     ~~compounds as listed in the California Uniform Controlled~~  
3     ~~Substances Act (Section 11000 of the Health and Safety Code et~~  
4     ~~seq.) and the United States Uniform Controlled Substances Act~~  
5     ~~(21 U.S.C. Sec. 801 et seq.). The use of these agents shall be~~  
6     ~~limited to three days, with a referral to an ophthalmologist if the~~  
7     ~~pain persists.~~

8     ~~(d) In any case where this chapter requires that an optometrist~~  
9     ~~consult with an ophthalmologist, the optometrist shall maintain a~~  
10    ~~written record in the patient's file of the information provided to~~  
11    ~~the ophthalmologist, the ophthalmologist's response and any other~~  
12    ~~relevant information. Upon the consulting ophthalmologist's~~  
13    ~~request, the optometrist shall furnish a copy of the record to the~~  
14    ~~ophthalmologist.~~

15    ~~(e) An optometrist who is certified to use therapeutic~~  
16    ~~pharmaceutical agents pursuant to Section 3041.3 may also perform~~  
17    ~~all of the following:~~

18    ~~(1) Mechanical epilation.~~

19    ~~(2) Ordering of smears, cultures, sensitivities, complete blood~~  
20    ~~count, mycobacterial culture, acid fast stain, urinalysis, and other~~  
21    ~~tests or procedures necessary for the diagnosis of conditions or~~  
22    ~~diseases of the eye or adnexa.~~

23    ~~(3) Punctal occlusion by plugs and cautery, excluding laser,~~  
24    ~~diathermy, cryotherapy, or other means constituting surgery as~~  
25    ~~defined in this chapter.~~

26    ~~(4) The prescription of therapeutic contact lenses, including~~  
27    ~~lenses or devices that incorporate a medication or therapy the~~  
28    ~~optometrist is certified to prescribe or provide.~~

29    ~~(5) Removal of foreign bodies from the cornea, eyelid, and~~  
30    ~~conjunctiva. Corneal foreign bodies shall be nonpenetrating, be~~  
31    ~~no deeper than the midstroma, and require no surgical repair upon~~  
32    ~~removal.~~

33    ~~(6) For patients over 12 years of age, lacrimal irrigation and~~  
34    ~~dilation. The board shall certify any optometrist who graduated~~  
35    ~~from an accredited school of optometry before May 1, 2000, to~~  
36    ~~perform this procedure after submitting proof of satisfactory~~  
37    ~~completion of 10 procedures under the supervision of an~~  
38    ~~ophthalmologist as confirmed by the ophthalmologist. Any~~  
39    ~~optometrist who graduated from an accredited school of optometry~~

1 on or after May 1, 2000, shall be exempt from the certification  
2 requirement contained in this paragraph.

3 ~~(7) Nonintraorbital injections.~~

4 ~~(f) The board shall grant a certificate to an optometrist certified~~  
5 ~~pursuant to Section 3041.3 for the treatment of primary open-angle~~  
6 ~~glaucoma in patients over 18 years of age only after the optometrist~~  
7 ~~meets the following requirements:~~

8 ~~(1) Satisfactory completion of a didactic course of not less than~~  
9 ~~24 hours in the diagnosis, pharmacological and other treatment~~  
10 ~~and management of glaucoma. The 24-hour glaucoma curriculum~~  
11 ~~shall be developed by an accredited California school of optometry.~~  
12 ~~Any applicant who graduated from an accredited California school~~  
13 ~~of optometry on or after May 1, 2000, shall be exempt from the~~  
14 ~~24-hour didactic course requirement contained in this paragraph.~~

15 ~~(2) After completion of the requirement contained in paragraph~~  
16 ~~(1), collaborative treatment of 50 glaucoma patients for a period~~  
17 ~~of two years for each patient under the following terms:~~

18 ~~(A) After the optometrist makes a provisional diagnosis of~~  
19 ~~glaucoma, the optometrist and the patient shall identify a~~  
20 ~~collaborating ophthalmologist.~~

21 ~~(B) The optometrist shall develop a treatment plan that considers~~  
22 ~~for each patient target intraocular pressures, optic nerve appearance~~  
23 ~~and visual field testing for each eye, and an initial proposal for~~  
24 ~~therapy.~~

25 ~~(C) The optometrist shall transmit relevant information from~~  
26 ~~the examination and history taken of the patient along with the~~  
27 ~~treatment plan to the collaborating ophthalmologist. The~~  
28 ~~collaborating ophthalmologist shall confirm or refute the glaucoma~~  
29 ~~diagnosis within 30 days. To accomplish this, the collaborating~~  
30 ~~ophthalmologist shall perform a physical examination of the~~  
31 ~~patient.~~

32 ~~(D) Once the collaborating ophthalmologist confirms the~~  
33 ~~diagnosis and approves the treatment plan in writing, the~~  
34 ~~optometrist may begin treatment.~~

35 ~~(E) The optometrist shall use no more than two concurrent~~  
36 ~~topical medications in treating the patient for glaucoma. A single~~  
37 ~~combination medication that contains two pharmacologic agents~~  
38 ~~shall be considered as two medications. The optometrist shall~~  
39 ~~notify the collaborating ophthalmologist in writing if there is any~~  
40 ~~change in the medication used to treat the patient for glaucoma.~~



1     ~~(F) Annually after commencing treatment, the optometrist shall~~  
2 ~~provide a written report to the collaborating ophthalmologist about~~  
3 ~~the achievement of goals contained in the treatment plan. The~~  
4 ~~collaborating ophthalmologist shall acknowledge receipt of the~~  
5 ~~report in writing to the optometrist within 10 days.~~

6     ~~(G) The optometrist shall refer the patient to an ophthalmologist~~  
7 ~~if requested by the patient, if treatment goals are not achieved with~~  
8 ~~the use of two topical medications, or if indications of secondary~~  
9 ~~glaucoma develop. At his or her discretion, the collaborating~~  
10 ~~ophthalmologist may periodically examine the patient.~~

11     ~~(H) If the glaucoma patient also has diabetes, the optometrist~~  
12 ~~shall consult in writing with the physician treating the patient's~~  
13 ~~diabetes in preparation of the treatment plan and shall notify the~~  
14 ~~physician in writing if there is any change in the patient's glaucoma~~  
15 ~~medication. The physician shall provide written confirmation of~~  
16 ~~the consultations and notifications.~~

17     ~~(I) The optometrist shall provide the following information to~~  
18 ~~the patient in writing: nature of the working or suspected diagnosis,~~  
19 ~~consultation evaluation by a collaborating ophthalmologist,~~  
20 ~~treatment plan goals, expected followup care, and a description of~~  
21 ~~the referral requirements. The document containing the information~~  
22 ~~shall be signed and dated by both the optometrist and the~~  
23 ~~ophthalmologist and maintained in their files.~~

24     ~~(3) When the requirements contained in paragraphs (1) and (2)~~  
25 ~~have been satisfied, the optometrist shall submit proof of~~  
26 ~~completion to the board and apply for a certificate to treat primary~~  
27 ~~open-angle glaucoma. That proof shall include corroborating~~  
28 ~~information from the collaborating ophthalmologist. If the~~  
29 ~~ophthalmologist fails to respond within 60 days of a request for~~  
30 ~~information from the board, the board may act on the optometrist's~~  
31 ~~application without that corroborating information.~~

32     ~~(4) After an optometrist has treated a total of 50 patients for a~~  
33 ~~period of two years each and has received certification from the~~  
34 ~~board, the optometrist may treat the original 50 collaboratively~~  
35 ~~treated patients independently, with the written consent of the~~  
36 ~~patient. However, any glaucoma patients seen by the optometrist~~  
37 ~~before the two-year period has expired for each of the 50 patients~~  
38 ~~shall be treated under the collaboration protocols described in this~~  
39 ~~section.~~

~~(5) For purposes of this subdivision, “collaborating ophthalmologist” means a physician and surgeon who is licensed by the state and in the active practice of ophthalmology in this state.~~

~~(g) Notwithstanding any other provision of law, an optometrist shall not treat children under one year of age with therapeutic pharmaceutical agents.~~

~~(h) Any dispensing of a therapeutic pharmaceutical agent by an optometrist shall be without charge.~~

~~(i) Notwithstanding any other provision of law, the practice of optometry does not include performing surgery. “Surgery” means any procedure in which human tissue is cut, altered, or otherwise infiltrated by mechanical or laser means in a manner not specifically authorized by this chapter. Nothing in the act amending this section shall limit an optometrist’s authority, as it existed prior to the effective date of the act amending this section, to utilize diagnostic laser and ultrasound technology.~~

~~(j) All collaborations, consultations, and referrals made by an optometrist pursuant to this section shall be to an ophthalmologist located geographically appropriate to the patient.~~

~~(k) An optometrist licensed under this chapter is subject to the provisions of Section 2290.5 for purposes of practicing telemedicine.~~

~~SEC. 2. Section 3041.2 of the Business and Professions Code is amended to read:~~

~~3041.2. (a) The board shall by regulation, establish educational and examination requirements for licensure to ensure the competence of optometrists to practice pursuant to subdivision (a) of Section 3041. Satisfactory completion of the educational and examination requirements shall be a condition for the issuance of an original certificate of registration under this chapter, on and after January 1, 1980. Only those optometrists who have successfully completed educational and examination requirements as determined by the board shall be permitted the use of pharmaceutical agents specified by subdivision (a) of Section 3041.~~

~~(b) Nothing in this section shall authorize an optometrist issued an original certificate under this chapter before January 1, 1996, to use or prescribe therapeutic pharmaceutical agents specified in subdivision (d) of Section 3041 without otherwise meeting the requirements of Section 3041.3.~~

1     ~~SEC. 3.— Section 3041.3 of the Business and Professions Code~~  
2     ~~is amended to read:~~

3     ~~3041.3. (a) In order to be certified to use therapeutic~~  
4     ~~pharmaceutical agents and authorized to diagnose and treat the~~  
5     ~~conditions listed in subdivisions (b), (d), and (e) of Section 3041,~~  
6     ~~an optometrist shall apply for a certificate from the board and meet~~  
7     ~~all requirements imposed by the board.~~

8     ~~(b) The board shall grant a certificate to use therapeutic~~  
9     ~~pharmaceutical agents to any applicant who graduated from a~~  
10    ~~California accredited school of optometry prior to January 1, 1996,~~  
11    ~~is licensed as an optometrist in California, and meets all of the~~  
12    ~~following requirements:~~

13    ~~(1) Satisfactorily completes a didactic course of no less than 80~~  
14    ~~classroom hours in the diagnosis, pharmacological, and other~~  
15    ~~treatment and management of ocular disease provided by either~~  
16    ~~an accredited school of optometry in California or a recognized~~  
17    ~~residency review committee in ophthalmology in California.~~

18    ~~(2) Completes a preceptorship of no less than 65 hours, during~~  
19    ~~a period of not less than two months nor more than one year, in~~  
20    ~~either an ophthalmologist's office or an optometric clinic. The~~  
21    ~~training received during the preceptorship shall be on the diagnosis,~~  
22    ~~treatment, and management of ocular, systemic disease. The~~  
23    ~~preceptor shall certify completion of the preceptorship.~~  
24    ~~Authorization for the ophthalmologist to serve as a preceptor shall~~  
25    ~~be provided by an accredited school of optometry in California,~~  
26    ~~or by a recognized residency review committee in ophthalmology,~~  
27    ~~and the preceptor shall be licensed as an ophthalmologist in~~  
28    ~~California, board-certified in ophthalmology, and in good standing~~  
29    ~~with the Medical Board of California. The individual serving as~~  
30    ~~the preceptor shall schedule no more than three optometrist~~  
31    ~~applicants for each of the required 65 hours of the preceptorship~~  
32    ~~program. This paragraph shall not be construed to limit the total~~  
33    ~~number of optometrist applicants for whom an individual may~~  
34    ~~serve as a preceptor, and is intended only to ensure the quality of~~  
35    ~~the preceptorship by requiring that the ophthalmologist preceptor~~  
36    ~~schedule the training so that each applicant optometrist completes~~  
37    ~~each of the 65 hours of the preceptorship while scheduled with no~~  
38    ~~more than two other optometrist applicants.~~

39    ~~(3) Successfully completes a minimum of 20 hours of~~  
40    ~~self-directed education.~~

1     ~~(4) Passes the National Board of Examiners in Optometry's~~  
2     ~~"Treatment and Management of Ocular Disease" examination or,~~  
3     ~~in the event this examination is no longer offered, its equivalent,~~  
4     ~~as determined by the State Board of Optometry.~~

5     ~~(5) Passes the examination issued upon completion of the~~  
6     ~~80-hour didactic course required under paragraph (1) and provided~~  
7     ~~by the accredited school of optometry or residency program in~~  
8     ~~ophthalmology.~~

9     ~~(6) When any or all of the requirements contained in paragraph~~  
10    ~~(1), (4), or (5) have been satisfied on or after July 1, 1992, and~~  
11    ~~before January 1, 1996, an optometrist shall not be required to~~  
12    ~~fulfill the satisfied requirements in order to obtain certification to~~  
13    ~~use therapeutic pharmaceutical agents. In order for this paragraph~~  
14    ~~to apply to the requirement contained in paragraph (5), the didactic~~  
15    ~~examination that the applicant successfully completed shall meet~~  
16    ~~equivalency standards, as determined by the board.~~

17    ~~(7) Any optometrist who graduated from an accredited school~~  
18    ~~of optometry on or after January 1, 1992, and before January 1,~~  
19    ~~1996, shall not be required to fulfill the requirements contained in~~  
20    ~~paragraphs (1), (4), and (5).~~

21    ~~(e) The board shall grant a certificate to use therapeutic~~  
22    ~~pharmaceutical agents to any applicant who graduated from a~~  
23    ~~California accredited school of optometry on or after January 1,~~  
24    ~~1996, who is licensed as an optometrist in California, and who~~  
25    ~~meets all of the following requirements:~~

26    ~~(1) Passes the National Board of Examiners in Optometry's~~  
27    ~~national board examination, or its equivalent, as determined by~~  
28    ~~the State Board of Optometry.~~

29    ~~(2) Of the total clinical training required by a school of~~  
30    ~~optometry's curriculum, successfully completed at least 65 of those~~  
31    ~~hours on the diagnosis, treatment, and management of ocular,~~  
32    ~~systemic disease.~~

33    ~~(3) Is certified by an accredited school of optometry as~~  
34    ~~competent in the diagnosis, treatment, and management of ocular,~~  
35    ~~systemic disease to the extent authorized by this section.~~

36    ~~(4) Is certified by an accredited school of optometry as having~~  
37    ~~completed at least 10 hours of experience with a board-certified~~  
38    ~~ophthalmologist.~~

39    ~~(d) The board shall grant a certificate to use therapeutic~~  
40    ~~pharmaceutical agents to any applicant who is an optometrist who~~

1 obtained his or her license outside of California if he or she meets  
2 all of the requirements for an optometrist licensed in California to  
3 be certified to use therapeutic pharmaceutical agents.

4 ~~(1) In order to obtain a certificate to use therapeutic~~  
5 ~~pharmaceutical agents, any optometrist who obtained his or her~~  
6 ~~license outside of California and graduated from an accredited~~  
7 ~~school of optometry prior to January 1, 1996, shall be required to~~  
8 ~~fulfill the requirements set forth in subdivision (b). In order for~~  
9 ~~the applicant to be eligible for the certificate to use therapeutic~~  
10 ~~pharmaceutical agents, the education he or she received at the~~  
11 ~~accredited out-of-state school of optometry shall be equivalent to~~  
12 ~~the education provided by any accredited school of optometry in~~  
13 ~~California for persons who graduate before January 1, 1996. For~~  
14 ~~those out-of-state applicants who request that any of the~~  
15 ~~requirements contained in subdivision (b) be waived based on~~  
16 ~~fulfillment of the requirement in another state, if the board~~  
17 ~~determines that the completed requirement was equivalent to that~~  
18 ~~required in California, the requirement shall be waived.~~

19 ~~(2) In order to obtain a certificate to use therapeutic~~  
20 ~~pharmaceutical agents, any optometrist who obtained his or her~~  
21 ~~license outside of California and who graduated from an accredited~~  
22 ~~school of optometry on or after January 1, 1996, shall be required~~  
23 ~~to fulfill the requirements set forth in subdivision (c). In order for~~  
24 ~~the applicant to be eligible for the certificate to use therapeutic~~  
25 ~~pharmaceutical agents, the education he or she received by the~~  
26 ~~accredited out-of-state school of optometry shall be equivalent to~~  
27 ~~the education provided by any accredited school of optometry for~~  
28 ~~persons who graduate on or after January 1, 1996. For those~~  
29 ~~out-of-state applicants who request that any of the requirements~~  
30 ~~contained in subdivision (c) be waived based on fulfillment of the~~  
31 ~~requirement in another state, if the board determines that the~~  
32 ~~completed requirement was equivalent to that required in~~  
33 ~~California, the requirement shall be waived.~~

34 ~~(3) The board shall decide all issues relating to the equivalency~~  
35 ~~of an optometrist's education or training under this subdivision.~~

36 ~~SEC. 4. Section 3110 of the Business and Professions Code is~~  
37 ~~amended to read:~~

38 ~~3110. The board may take action against any licensee who is~~  
39 ~~charged with unprofessional conduct, and may deny an application~~  
40 ~~for a license if the applicant has committed unprofessional conduct.~~

1 ~~In addition to other provisions of this article, unprofessional~~  
2 ~~conduct includes, but is not limited to, the following:~~  
3 ~~(a) Violating or attempting to violate, directly or indirectly~~  
4 ~~assisting in or abetting the violation of, or conspiring to violate~~  
5 ~~any provision of this chapter or any of the rules and regulations~~  
6 ~~adopted by the board pursuant to this chapter.~~  
7 ~~(b) Gross negligence.~~  
8 ~~(c) Repeated negligent acts. To be repeated, there must be two~~  
9 ~~or more negligent acts or omissions.~~  
10 ~~(d) Incompetence.~~  
11 ~~(e) The commission of fraud, misrepresentation, or any act~~  
12 ~~involving dishonesty or corruption, that is substantially related to~~  
13 ~~the qualifications, functions, or duties of an optometrist.~~  
14 ~~(f) Any action or conduct that would have warranted the denial~~  
15 ~~of a license.~~  
16 ~~(g) The use of advertising relating to optometry that violates~~  
17 ~~Section 651 or 17500.~~  
18 ~~(h) Denial of licensure, revocation, suspension, restriction, or~~  
19 ~~any other disciplinary action against a health care professional~~  
20 ~~license by another state or territory of the United States, by any~~  
21 ~~other governmental agency, or by another California health care~~  
22 ~~professional licensing board. A certified copy of the decision or~~  
23 ~~judgment shall be conclusive evidence of that action.~~  
24 ~~(i) Procuring his or her license by fraud, misrepresentation, or~~  
25 ~~mistake.~~  
26 ~~(j) Making or giving any false statement or information in~~  
27 ~~connection with the application for issuance of a license.~~  
28 ~~(k) Conviction of a felony or of any offense substantially related~~  
29 ~~to the qualifications, functions, and duties of an optometrist, in~~  
30 ~~which event the record of the conviction shall be conclusive~~  
31 ~~evidence thereof.~~  
32 ~~(l) Administering to himself or herself any controlled substance~~  
33 ~~or using any of the dangerous drugs specified in Section 4022, or~~  
34 ~~using alcoholic beverages to the extent, or in a manner, as to be~~  
35 ~~dangerous or injurious to the person applying for a license or~~  
36 ~~holding a license under this chapter, or to any other person, or to~~  
37 ~~the public, or, to the extent that the use impairs the ability of the~~  
38 ~~person applying for or holding a license to conduct with safety to~~  
39 ~~the public the practice authorized by the license, or the conviction~~  
40 ~~of a misdemeanor or felony involving the use, consumption, or~~

1 ~~self administration of any of the substances referred to in this~~  
2 ~~subdivision, or any combination thereof.~~

3 ~~(m) Committing or soliciting an act punishable as a sexually~~  
4 ~~related crime, if that act or solicitation is substantially related to~~  
5 ~~the qualifications, functions, or duties of an optometrist.~~

6 ~~(n) Repeated acts of excessive prescribing, furnishing or~~  
7 ~~administering of controlled substances or dangerous drugs specified~~  
8 ~~in Section 4022, or repeated acts of excessive treatment.~~

9 ~~(o) Repeated acts of excessive use of diagnostic or therapeutic~~  
10 ~~procedures, or repeated acts of excessive use of diagnostic or~~  
11 ~~treatment facilities.~~

12 ~~(p) The prescribing, furnishing, or administering of controlled~~  
13 ~~substances or drugs specified in Section 4022, or treatment without~~  
14 ~~a good faith prior examination of the patient and optometric reason.~~

15 ~~(q) The failure to maintain adequate and accurate records~~  
16 ~~relating to the provision of services to his or her patients.~~

17 ~~(r) Performing, or holding oneself out as being able to perform,~~  
18 ~~or offering to perform, any professional services beyond the scope~~  
19 ~~of the license authorized by this chapter.~~

20 ~~(s) The practice of optometry without a valid, unrevoked,~~  
21 ~~unexpired license.~~

22 ~~(t) The employing, directly or indirectly, of any suspended or~~  
23 ~~unlicensed optometrist to perform any work for which an optometry~~  
24 ~~license is required.~~

25 ~~(u) Permitting another person to use the licensee's optometry~~  
26 ~~license for any purpose.~~

27 ~~(v) Altering with fraudulent intent a license issued by the board,~~  
28 ~~or using a fraudulently altered license, permit certification or any~~  
29 ~~registration issued by the board.~~

30 ~~(w) Except for good cause, the knowing failure to protect~~  
31 ~~patients by failing to follow infection control guidelines of the~~  
32 ~~board, thereby risking transmission of blood borne infectious~~  
33 ~~diseases from optometrist to patient, from patient to patient, or~~  
34 ~~from patient to optometrist. In administering this subdivision, the~~  
35 ~~board shall consider the standards, regulations, and guidelines of~~  
36 ~~the State Department of Public Health developed pursuant to~~  
37 ~~Section 1250.11 of the Health and Safety Code and the standards,~~  
38 ~~guidelines, and regulations pursuant to the California Occupational~~  
39 ~~Safety and Health Act of 1973 (Part 1 (commencing with Section~~  
40 ~~6300) of Division 5 of the Labor Code) for preventing the~~

1 transmission of HIV, hepatitis B, and other blood borne pathogens  
2 in health care settings. As necessary, the board may consult with  
3 the Medical Board of California, the California Board of Podiatric  
4 Medicine, the Board of Registered Nursing, and the Board of  
5 Vocational Nursing and Psychiatric Technicians, to encourage  
6 appropriate consistency in the implementation of this subdivision.

7 ~~(x) Failure or refusal to comply with a request for the clinical~~  
8 ~~records of a patient, that is accompanied by that patient's written~~  
9 ~~authorization for release of records to the board, within 15 days~~  
10 ~~of receiving the request and authorization, unless the licensee is~~  
11 ~~unable to provide the documents within this time period for good~~  
12 ~~cause.~~

13 ~~(y) Failure to refer a patient to an appropriate physician in either~~  
14 ~~of the following circumstances:~~

15 ~~(1) Where an examination of the eyes indicates a substantial~~  
16 ~~likelihood of any pathology that requires the attention of that~~  
17 ~~physician.~~

18 ~~(2) As required by subdivision (e) of Section 3041.~~

19 ~~SEC. 5.~~

20 *SEC. 2.* It is the intent of the Legislature that in order to  
21 facilitate access to eye care in keeping with appropriate regard for  
22 the health, safety, and welfare of patients in California, the parties  
23 who are interested in the scope of practice of optometrists shall  
24 continue negotiations during the current legislative session on any  
25 proposed changes to the law governing this practice. It is further  
26 the intent of the Legislature that any proposed amendments to the  
27 law governing the scope of practice of optometrists shall be heard  
28 by the appropriate policy committees in each house of the  
29 Legislature.